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## PARENTS' CONSTRUCTIONS OF COMMUNICATION WITH THEIR CHILDREN ABOUT SAFER SEX

### Abstract

**Aim and objective:** To analyse how a sample of parents reportedly communicated with their adolescent and pre-adolescent children about safer sex (contraceptive and condom use).

**Background:** Among the plethora of existing research available on parent-child communication about sexuality (more broadly), very few studies detail the substance and tenor of what parents actually convey specifically about safer sex.

**Design/methods:** The study adopted a qualitative methodology, and involved interviewing 43 parents (32 mothers and 11 fathers). Data were analysed using modified analytical induction.

**Results:** Findings indicated that although the majority of parents professed to being open about sexuality with their children, only a minority reportedly conveyed direct messages about contraception and condom-use. Moreover, these direct messages appeared to be imparted at a superficial level. Parents were more likely to communicate such messages in a tacit manner through innuendo and intimation. The complacency that parents displayed about the need to undertake safer sex education with their adolescents arose from an understanding that this was covered adequately at school and the belief that their teenager was not in a romantic relationship. In addition, some parents expressed concern that discussing safer sex with teenagers might actually encourage sexual activity.

**Conclusion:** We conclude that some parents may consider themselves to have engaged in sexuality education around safer sex when it appears to be predominantly surface-level education; that what constitutes 'doing' sexuality education is far from clear-cut may cast some light on why there is little consistency in the literature on the impact of parental communication on sexual health outcomes for young people.

**Relevance to clinical practice:** For nurses engaged in sexuality health promotion with parents, we caution about presenting unequivocal messages to parents about the impact of parental communication about sexuality on adolescent sexual behaviour without due acknowledgement of the grey areas indicated in the literature.

**Key words:** sexual health; adolescence; sex education; parents; adolescent; Ireland; qualitative; safer sex.

### Introduction

One of the challenges for researchers is to identify what impact, if any, parental sexuality education has on outcomes like reducing teenage pregnancy and STIs. What makes identifying the discrete impact of parents' sexuality education particularly complex is trying to distinguish the influence of parents' general approach to parenting, parenting practices, and the culture in the home from their specific *communications* with their children relating to sexuality. This article is about the latter - understanding what a sample of parents reportedly do and say pertaining to safer sex with their preadolescent and adolescent children. Data presented here form part of a wider study that explored a range of issues associated with parental sexuality education (Author *et al.* 2009, 2010, 2012) but our focus here is confined to the component of parents' accounts that dealt with communications with their children

about condom and contraceptive-use. The study was conducted in an Irish context and involved interviews with 43 parents which were analysed using a qualitative strategy.

## Background

Evidence suggests that young people's sexual health is influenced by family structure, family cohesion, parental monitoring and parents' attitudes and values about sex; where young people perceive parents to be caring, engaged, and responsive, the sexual health outcomes tend to be better (Wight and Fullerton 2012). When it comes specifically to parental communication with their children about sex, however, the evidence of the benefits of this are less clear.

In the only Irish study to be located on this issue (Rundle *et al.*, 2008), the results were favourably disposed to parental communication about sexuality: it was found that respondents who reported that it was easy to communicate with their parents about sex when growing up were more likely to use contraception at first intercourse. There was a gender dimension to this, however, with men more likely to have used contraception at first intercourse if they had found it easy to communicate with their father about sex and women more likely if they had found it easy to communicate with their mother (Rundle *et al.*, 2008).

A more complex picture was found in a large-scale study to emerge from the UK (Wight *et al.* 2006). Wight *et al.* used longitudinal data to explore the impact of 'ease of communication about sex' on the sexual behaviour of respondents. Results showed that those who reported being either 'very comfortable' or 'very uncomfortable' communicating with parents about sex were more likely to have experienced their sexual debut than those who rated their comfort levels between the opposite poles. Higher reported comfort levels of males in talking to their fathers about sex was also related to younger age at sexual debut. Males who reported feeling *uncomfortable* talking to their fathers were most likely to use condoms consistently, while (by contrast) girls who were at greater ease talking to their fathers were more likely to report condom use. Wight *et al.* speculate that for boys high levels of ease in talking to parents "might legitimate sexual activity, and/or not taking precautions, though causation could plausibly be in either direction (2006: 490)." Wight *et al.*'s findings show a level of consistency with those of both Wellings *et al.* (2001) and Schubotz *et al.* (2004) regarding the association between young men's communication with fathers, and their increased likelihood of having sex before the age of 16 years. Overall, Wight *et al.* conclude that that ease of communication with parents appeared to "bear little relationship to sexual behaviour", and the authors note that sensitivity to question wording may have produced results that tend to be at variance with other UK studies, which showed largely (though not entirely) positive outcomes of parental communication (Wellings *et al.* 1999). However, what Wight *et al.* found to make a difference was parental monitoring which exhibited the greatest degree of influence on the widest range of adolescents' sexual outcomes. Significantly, not only did low parental monitoring predict early sexual activity for both males and females, but for females, it was also associated with more sexual partners and more inconsistent usage of condoms/other contraceptives. Parental monitoring may well be indicative of parental engagement in their children's lives and parenting styles that regulate young people's sexual behaviour irrespective of whether or not specific sexuality education *per se* is given.

US studies have revealed an equally haphazard picture. Some such studies have found that communication with parents is associated with higher condom-use among young people (Hutchinson and Cooney 1998) or protects against using peers as the only norm reference for sexual behaviour (Whitaker and Miller 2000). Other studies, however, indicate that parental communication about sexuality is not necessarily associated with a delay in sexual debut or an increase in consistent contraceptive-use and indeed may be associated with earlier and greater levels of sexual activity (see Shoop and Davidson 1994, Jaccard *et al.* 1996 and Fingerson 2005). What complicates attempts to discern the influence of parents communicating to their children about sexuality on the young person's subsequent sexual behaviour is that it is not clear from research whether parental discussions preceded or followed the initiation of sexual activity by the teenager. Indeed, parents' suspicions or knowledge

that their adolescent was sexually active may have prompted their communication about contraception.

Qualitative studies have tended to provide somewhat greater detail about the thrust of safer sex messages from parents to their children: one of the key messages transmitted by parents to their teenagers in Berne *et al.*'s (2000:164) Australian study was that 'Sexually active people should protect themselves and their partners from diseases and pregnancy by practicing safer sex'. However, some parents in that study reportedly balked at the idea of making contraception available to their adolescents for fear of encouraging sexual activity. Similarly, a separate Australian study (Dyson 2010) found that parents were afraid to initiate conversations about sex to their teenage children lest it convey the messages that it was acceptable for them to engage in sexual activity.

In addition, the diverse range of methodologies and measurements being applied in different studies on parental sexuality education in general and safer sex in particular is problematic. Varied constructs used to measure parental communication about safer sex such as 'openness', or 'ease in communicating' or crude categories such as 'talked/not talked' on their own are not sufficient indicators of the quality of the safer sex education provided, the level of depth and detail imparted, nor the thrust of the message in terms of fostering a responsible attitude in young people. Few studies have actually drilled down to identify what parents actually communicate or how they communicate. Of course it is always going to be a challenge for researchers to capture the finer nuances of parent-child interactions through retrospective interviews with one of the parties, but as it stands, our knowledge (even indirectly) about what parents claim to communicate about safer sex to their children is, at best, sketchy.

In this article, by using in-depth interviews, we attempt to address the lack of detail about what parents reportedly communicate to their children about sex and sexuality by focusing on what a sample of parents had to say specifically on the issues of communications about safer sex with their pre-teenage and teenage children.

## Methods

This article aimed at illuminating how a sample of parents reportedly communicated with their preadolescent and adolescent children on issues pertaining to safer sex (condom and contraceptive-use) using a qualitative research strategy in which a total of 43 parents (32 mothers and 11 fathers) participated. Other components of the wider study of which this is a part, namely how young people reportedly responded to their parents' efforts to discuss sexuality, and parents' perspectives of the sexual self-presentation and sexual conduct of adolescents have been published elsewhere (Author *et al.* 2010, Author *et al.* 2012). Some aspects of the present article are included in a report entitled, *Parents' Approaches to Educating their Pre-adolescent and Adolescent Children about Sexuality*, submitted to the funding body on completion of the study.

Two sampling strategies were employed: (i) purposive sampling in order to ensure that parents of both sexes whose children fell between the ages of 10-19 years were included from a range of socio-economic groups and geographical areas around Ireland, and (ii) snowball sampling, whereupon existing participants were asked to identify others who satisfied the study criteria (Robins Sadler *et al.* 2010) of having at least one child within this age range. In-depth interviews were used to gather data through 36 individual interviews, two paired interviews and one with three participants. (The different interviewing techniques reflect the stated preferences of participants). Ethical assent to participants was approved by the Ethics Committee at the university leading the study. Prior to interviewing, informed consent was obtained from participants and they were assured that their identities would not be revealed (pseudonyms have been used in reporting findings).

The research design incorporated a sampling frame that sought diversity in terms of socio-economic group and geographical location (rural and urban) for the purpose of ensure inclusiveness rather than representativeness. With this in mind, a variety of sites were used from which to recruit participants, including parents' committees at schools, and local community-based organisations. The website of the Government's Department of Education and Science, as well as the websites of individual schools

provided contact details and addressed and facilitated the research team to get a desired level of diversity.

Ten schools (primary and second-level) were identified in this manner of which seven actively engaged with the research team. Through the parents' committee at these schools, the study was publicised to potential participants and, with their permission, the names of interested parents were passed on to the research contact. As interviews got underway, recruitment became focused around those less well-represented in the early interviews, namely parents in lower socioeconomic groups and fathers. In order to increase participation among the former, a resource centre in an area undergoing social regeneration was specifically targeted. A community development worker enabled access to potential participants here, with five mothers recruited in this way. In spite of efforts to encourage men from this site to participate, none volunteered. In an attempt to be inclusive of fathers, male-dominated sporting clubs were approached, but with little success. A more productive strategy was that of snowball sampling, even though ultimately fathers remained underrepresented in the sample. (Table 1 indicates the various sites from which participants from each gender were selected.) A reasonable balance of working and middle-class participants was achieved, and a broad range of ages was included with most participants aged 45-49 years.

Table 1 ABOUT HERE [see end of document]

Interviews were conducted predominantly in people's homes, with alternative locations used according to the preference of participants. A topic guide was used to achieve a degree of consistency in questioning across the various interviews.

The strategy for data analysis resembled modified analytical induction (MAI), an established methodology used to analyse data qualitatively. Bogdan and Biklen (2007:73) describe the process of MAI as beginning with an approximate definition and explanation or understanding of the phenomenon (i.e. the researcher's sense of what is known already about a topic) and this is considered in relation to the data gathered. The initial understanding of a phenomenon may need to be altered (modified) if the data do not concur with the initial perspective of the situation. Particular attention is paid to alternative findings that problematize established understandings, and these understandings are redefined and revised until an explanation (in a broad sense) is arrived at that captures the perspectives across the board. In practice, this is how the analysis proceeded in the present study: our initial 'rough (conceptual) definition' (or understanding) of what we might broadly expect to find was derived from sensitising concepts from the literature, including social theory and empirical scholarship to which the research team members had been exposed. The early interview transcripts were analysed as a whole (rather than being internally disconnected and sliced into themes) and hypothetical explanations were further developed around what was emerging for each participant. Additional whole transcripts were dealt with initially in their own right by paraphrasing and attempting to unpack (through theoretically sensitive lenses) how each individual participant constructed the phenomenon, before superimposing each into the grand analysis. The final analysis thus accommodated both shared dimensions and alternative perspectives alike, and the relative empirical scope and strength of phenomena were clarified. As will become clear in the remainder of this article, what transpired was that some aspects of our findings corroborated existing knowledge, while other aspects problematised it, prompting our initial understanding of the topic to be revised.

## **Findings**

One of the fairly broad messages that many participants were keen to get across during the interviews, usually at the outset, was their sense of themselves as open and liberal parents who had no difficulty discussing sex (in general) with their children. A minority, though, indicated (almost apologetically) that they had not engaged in any such communications. In order to capture the range of perspectives and drill down further in terms how parents reportedly communicated with their children about condom-

use and contraception, data are presented under three themes as follows: direct but superficial messages about condom use; indirect messages about safer sex mediated through innuendos and intimations; parents' assumptions and uncertainties around safer sex education.

#### *Direct but superficial messages about condom use*

When asked directly to describe interactions with their children that they could recall relating to safer sex, only a minority indicated that they had made direct reference to condom-use and contraception during these interactions. Some participants expressed their own surprise when they were pressed to think about it during the interview at how little they had actually said. Moreover, direct reference to condoms tended to be confined to conversations with young men. When probed further in an attempt to tease out and unpack what the substance of what the message actually conveyed, it transpired that, other than advise the young person to use condoms when he (and less frequently 'she') became sexually active, very little information was actually imparted.

In effect, these messages tended to be superficial albeit direct. An example of this style of interaction is as follows:

Interviewer: What would you say [during a discussion about safer sex]?

Participant: 'You know when you are having sex you have to be careful, you have to know the person and you have to use contraception.'

Interviewer: And would you say *what* you'd have to use?

Participant: Yes, straight out: 'If you are having sex with somebody you'd have to use condoms.'

Interviewer: And what would he say, would he respond?

Participant: 'I'm too young for that but when I am old enough don't be worrying, I'll be alright.'

Interviewer: Would you say anything else about condoms?

Participant: No, that'd be it. Straight out. [Patrick, father of 2 children (M: 16 yrs, M: 12 yrs)]

#### *Indirect parental messages about safer sex: innuendos and intimations*

A common mechanism through which parents transmitted messages about safer sex was in an indirect manner by innuendo or intimation rather than in an explicit way. Such messages tended to be conveyed in the context of a teenager commencing a relationship that prompted parental concern to some degree. The following is a mother's description of her attempt to convey a sexual safety message to her 15-year-old son a few months into his relationship with a girl.

Participant: He had a girlfriend, and at the beginning I didn't think anything of it, and then I thought, 'Mmm, they have been together a while now [a few months] and maybe I should . . . as it went on and I thought he seemed to really be in love - and I said, 'That's beginning to get a bit dangerous in that way, you know, something could happen.' ...So I sat him down, the two of us in the kitchen and I said, you know, talking about the girl and all that and I said, 'Well, you know, if you really respect her and you love her as much as you do, make sure that you treat her properly.' And he said, 'Of course I do.' And I said, 'But [name], you know exactly what I mean.' . . . and I said, 'I have seen too many girls that are left holding the baby metaphorically and in reality.' And he said, 'Don't worry, that won't happen.' And I said, 'Well you know, I think I should talk to you about it' and we had a chat.

Interviewer: And what did you say? . . . Did you say, 'Use a condom', or...?

Participant: No I didn't say it in so many words, I said, 'I know you love her very much but you are still very young'...But I didn't tell him to do this or do that. I said, 'Look, make sure that it doesn't come to that.' [Felicity, mother of 3 children (M: 25 yrs, M: 21 yrs, M: 16 yrs)]

The dialogue being recalled by the participant is laden with innuendo and suggestions, and although the mother considered both the relational aspects of the situation (the emotional bond between her son and his girlfriend) along with the potential negative consequences, a good deal is left unsaid. This covert manner of parental communication about safer sex in instances where their adolescents were in relationships was evident in several other narratives.

Participant: Let's put it this way: I never would have said, 'Make sure you have a condom when you are going out with your girlfriend.'

Interviewer: You never said that to the lads [sons]?

Participant: No, I wouldn't have. But I'd have said, 'Make sure you take care of that girl, and don't do anything that you are going to regret.'

Interviewer: And would they know what that meant?

Participant: They'd know what that meant.

Interviewer: And what did you mean - don't have sex?

Participant: Not necessarily not have sex, but make sure she doesn't get pregnant. I mean, well that is what I was leading them to, I certainly wasn't saying, 'Don't have sex,' because I know from being in school here teaching that certainly, at a very young age, they are getting sexually...young. [Cian, father of 4 children (M: 24 yrs, M: 21 yrs, F: 19 yrs, M: 14 yrs)]

The following fleeting and very general advice is fairly typical of the safer sex message that parents passed on to sons.

Interviewer: So was there any other thing that you remember that you might have said to him about sex or condoms or anything ever?

Participant: I would have said to him to 'Be careful and protect yourself'. I would say that I hear there are a lot of diseases going around. [Jimmy, father of 3 children (M: 22 yrs, F: 19 yrs, M: 17 yrs)]

### *Parents' assumptions and ambivalence around safer sex education*

When some parents were probed as to why they did not push the issue of safer sex further with their children, one reason given was an assumption that the young person already possessed ample knowledge from school. Indeed, as we have detailed in a separate publication, claiming to have an in-depth grasp of the issues was one of the strategies that young people reportedly used to close off discussing sex with their parents (Author *et al.* 2010). In spite of evidence that sexuality education in schools in Ireland is patchy (Mayock 2007 *et al.*), parents seemed to accept young people's reassurances that their knowledge of safer sex was comprehensive. However, it may also be the case that in situations where parents were not getting very far with a teenager who was reluctant to engage in communication about safer sex, they could appease themselves with the belief that their role was supplementary to school-based sexuality education in any event. In addition, many parents referred to their perception that their child was bright and would 'pick things up' rendering a more in-depth approach unnecessary.

As well as assuming that the young person was receiving sexuality education at school, most parents stated that they did not feel the need to discuss contraception with him or her because their teenager was not in a romantic relationship. An example of this is as follows where the participant is referring to his 13-year-old son:

I don't feel from him at the moment that he is interested in going to getting involved in a full sexual relationship. I would really like to wait until he starts asking rather than me kind of saying, 'Well here is a condom, this is what you do'. [Martin, father of 2 children (M: 12 yrs, M: 8 yrs)]

However, several parents, including Ann (below), conveyed uncertainty of the most appropriate timing of safer sex education.

. . . I haven't actually said anything to him about condoms...I suppose, like, he knows. I kind

of feel that he is 14 and it is only in the next few months or the next year or so that we need to talk to him. . . he hasn't got a girlfriend . . . but maybe I should be telling him now. I don't know. [Ann, mother of 2 children (F: 21 yrs, M: 14 yrs)]

A few parents noted that they only became aware that their teenager was involved in a romantic relationship by indirect means, indicating that parental assumptions about their children's liaisons may be inaccurate.

Part of the ambivalence expressed by parents about the timing of safer sex education was that that a discussion of the issue would encourage sexual activity in their teenagers - particularly those in their mid-teens - to which they were largely opposed. While there was a widespread acceptance across the sample that marriage no longer signalled sexual debut, the early and mid-teenage years were generally considered too soon to start sexual relations involving penetration. Many parents indicated that the provision of information about safer sex might be perceived by the young person as tacit permission to engage in sexual activity.

I suppose part of it is, maybe, that you want to give them the information but don't want to give them too many ideas either. So I suppose you kind of limit what you are getting through to, to just keep them at the stage you feel they are at whereas they may be actually a bit ahead of you. [Cian, father of 4 children (M: 24 yrs, M: 21 yrs, F: 19 yrs, M: 14 yrs)]

A few parents avoided any discussion about safer sex in a deliberate effort to convey their position on the value of sexual abstinence.

I never encouraged them to use contraceptives because I never wanted them to be engaging in sex at that age, you know. . . I would have said abstain from it [penetrative sex]. [Joan, mother of 4 children (F: 23 yrs, M: 22 yrs, F: 19 yrs, F: 15 yrs)]

With reference to promoting sexual abstinence as advocated by Joan, the mother in the above quotation, it should be noted that, apart from for programmes where abstinence messages are accompanied by information about contraceptive services and other practical issues, reviews of evidence find little support for abstinence-based interventions (Trivedi *et al.* 2007).

## Discussion and conclusion

Overall, data presented in relation to parents' accounts of communications with their children about safer sex revealed that, in spite of their professed openness about sexuality, only a minority of parents conveyed direct messages about contraception and condom-use and these messages tended to be at a superficial level. A more common mechanism through which parents communicated about safer sex was by indirect means by innuendo or intimation rather than in an overt way. Parents also tended to assume that their children learnt about safer sex at school; however, Mayock *et al.*'s (2007) study of Relationships and Sexuality (RSE) education in Irish schools found a good deal of 'diversity and inconsistency in RSE implementation and delivery' (p. 18) which suggests that parents may overestimate how much sexuality education young people are *actually* receiving at school. The additional finding that parents were complacent about safer sex education because of their belief that their adolescent child was not in a romantic relationship may also be misguided; it has been noted in international research that parents may not be aware that their teenager is in a romantic relationship because the young person may not disclose this (Brückner and Bearman 2003, Eisenberg *et al.* 2006).

As indicated earlier in this article, much of the existing, largely quantitative, research on the topic distinguished between young people either having received, or not having received, parental safer sex education (variously expressed) in a fairly absolute way; in view of this, we expected to find examples in our data of in-depth sexuality education given by some parents that could easily be distinguished from examples of little or no sexuality education from other participants. What we found through did indeed result in this early conceptual 'definitions' or understanding of the topic to be refined and modified, insofar as parents who on the face of it believed that they had undertaken sexuality education with their children described sexuality education that was actually very superficial and/or indirect and in



many cases not much different from parents who believed themselves to have given no sexuality education at all.

So how would these safer sex education accounts of parents in this study have manifested themselves had participants been answering one or two items on a questionnaire? In what way would parents have responded had they been asked if they had ever talked to their children about safer sex, as has been a measure employed in other research? Our research has elucidated important issues for future studies designed to evaluate the effectiveness of parental sexuality education. Our findings indicate that the latitude for constructing communication as 'open' was very broad, and, when drilled down to capture what was actually purportedly communicated, this included speaking in innuendos and covertly. This suggests that constructs such as 'openness', or 'ease in communicating' or crude categories such as 'talked/not talked' (as often used in quantitative research) on their own may be insufficiently refined indicators of the quality of the sexuality education provided, and the level of depth and detail imparted. Wight *et al.* (2006) have already signalled the possibility that sensitivity to question-wording may be partly responsible for the results of their British study being at variance with the findings of other research in a similar context.

Because sexual health educators including nurses who aim to improve sexual health outcomes for adolescents need to be confident that their best-practice knowledge-base is sound and consistent it is crucial that sophisticated measures are developed. The review of existing literature showing inconsistencies in terms of the impact of parents communicating with their children about sexuality (including Wight *et al.*'s (2006) UK research), does not appease professionals working towards positive sexual health outcomes.

Another issue worth considering is whether there is some validity to some parents' anxiety that discussing safer sex with teenagers might actually encourage sexual activity, a finding that concurs with research by Berne *et al.*, (2000). Some nursing commentators engaged in sexual health promotion have been unequivocal in reassuring parents that 'talking with their teenagers about sex and contraception will not encourage sexual activity' (Anne Teitelman quoted in Carter, 2012). There seems to be a tendency among some authors to selectively report findings that concur with their expressed conviction that communication about sexuality between parents and teens will *not* encourage sexual activity. An example of this is to be found in a *British Medical Journal* article by Schuster *et al.* (2008) in which the authors state that, 'Recent studies have found that adolescents whose parents talk to them about sexuality are more likely to delay intercourse, use contraception, and have fewer partners'. While the authors (accurately) refer to Wight *et al.*'s (2006) research in support of the protective impact of parenting *practices* on adolescent sexual health and risk reduction, they fail to report some of Wight *et al.*'s findings relating to parent-teen *communication* about sex. The important issues they selectively exclude in relation to Wight's study are as follows: that at age 15-16, males who reported greater comfort about talking about sex with either the mother or father indicated a *greater* likelihood of sexual experience; that higher reported comfort levels of males in talking to their fathers about sex was also related to *younger* age at sexual debut; and that young men who reported feeling *uncomfortable* talking to their fathers about sex were most likely to use condoms consistently (Wight *et al.* 2006).

Given that other research has also found that parent-teen communication about sex has not conclusively been found to be a protective factor in relation to delaying first sex, consistent use of contraception or reducing the number of sex partners (Jaccard *et al.* 1996, Fingerson 2005, Bersamin *et al.* 2008), we advocate a somewhat more nuanced approach in the messages delivered to parents by clinical nurses engaged in sexual health promotion. While there is clear evidence that parents influence the sexual health of their children through factors that mediate their parenting style and family structure, there is simply not enough consistency in the evidence that talking to young people about safer sex will delay sexual activity for those involved in health promotion to confidently relay an unequivocal message. The challenge for nurses in this regard is to convey the complex findings from research in a way that parents understand but without modifying the emerging picture.

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**Table 1 Sites of selection of participants**

Schools		Snowball sampling		Community organisations		Total number of participants
Male	7	Male	4	Male	0	11
Female	14	Female	13	Female	5	32

Total number of participants	<b>43</b>
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